

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/323, 943	FILING DATE 06-02-99					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		1					55					
6		1					56					
7		1					57					
8		3					58					
9		3					59					
10		3					60					
11		3					61					
12		3					62					
13	1						63					
14		1					64					
15		2					65					
16		2					66					
17		1					67					
18		1					68					
19		3					69					
20		3					70					
21		3					71					
22		3					72					
23		3					73					
24		3					74					
25	1						75					
26		1					76					
27		2					77					
28		2					78					
29		1					79					
30		1					80					
31		1					81					
32		3					82					
33		3					83					
34		3					84					
35		3					85					
36		3					86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	69	↔	↔	↔	↔		TOTAL DEP.	↔	↔	↔	↔	
TOTAL CLAIMS	72						TOTAL CLAIMS					